



Division Guideline #2

Date: **Created March 30, 2011**
 Reviewed October 4, 2011
 Reviewed May 30, 2012
 Reviewed August 9, 2013
 Reviewed March 6, 2014

Title: **Guidelines for Contract Termination**

Application: **Regional Offices**

When considering contract termination, these are the steps to be utilized:

1. Alert the Deputy Director and/or Assistant Director of any serious situations with providers that may lead to sanctions, including contract termination.
2. Develop a summary of the problems identified and action that was taken at the regional level to resolve the situation.
 - a. Include a summary of the data used to support the decision.
 - b. Include technical assistance, monitoring, placement on critical status plan, any limitation of referrals or growth, and other activities that were utilized.
 - c. Include a summary of any communications with the provider, whether verbal or in writing.
3. Submit a draft of the contract termination letter to legal counsel for review.
4. Provide the information in #2, along with a draft of the contract termination letter screened by legal counsel, to the Deputy Director who will discuss with the Assistant Director and Director of Quality Enhancement. They will make a recommendation.
5. The Deputy Director will provide the recommendation to the Division Director for review.
6. The contract termination must be approved by the Division Director prior to notification of the provider.

This guideline will be reviewed and updated annually, if needed.

DEPARTMENT OF MENTAL HEALTH
DIVISION OF DEVELOPMENTAL DISABILITIES
REQUEST TO TERMINATE PROVIDER CONTRACT
Per Division Guideline #2

Regional Office:

Provider Name:

Summary of identified provider problems (include data--# of EMT's, etc.):

Technical assistance provided:

Provider Improvement Plan (dates):

Critical Status (dates):

No Growth/No Referral (dates):

Summary of verbal or written communication with provider:

Submit this form, with a draft of the termination letter, to the Deputy Director or Assistant Director.

Approval Signatures:

Deputy Director

Date

Assistant Director

Date

Director of Quality Enhancement

Date

Division Director

Date